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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-------------|----------------------|------------------------|------------------|
| 10/538,314 | 06/13/2005 | Loren Lantz | M-1103 | 4108 |
| 54964 | 7590 | 11/03/2006 | EXAMINER | |
| TYCO HEALTHCARE - EDWARD S. JARMOLOWICZ 15 HAMPSHIRE STREET MANSFIELD, MA 02048 | | | VERBITSKY, GAIL KAPLAN | |
| | | | ART UNIT | PAPER NUMBER |
| | | | 2859 | |

DATE MAILED: 11/03/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

| | | | |
|--------------------------|-------------------------------|------------------------------|--|
| Interview Summary | Application No. 10/538,314 | Applicant(s) LANTZ ET AL. | |
| | Examiner Gail Verbitsky | Art Unit 2859 | |

All participants (applicant, applicant's representative, PTO personnel):

(1) Gail Verbitsky. (3) _____.

(2) Mr. Yarmalowicz. (4) _____.

Date of Interview: 26 October 2006.

Type: a) ☒ Telephonic b) ☐ Video Conference
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.
If Yes, brief description: _____.

Claim(s) discussed: 1, 18 and 20.

Identification of prior art discussed: _____.

Agreement with respect to the claims f) ☒ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: applicant will amend claims 1 and 18 to include the limitation comprising plurality of non-continuous end ribs (having spacing). applicant will cancel claim 20..

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

**GAIL VERBITSKY
PRIMARY EXAMINER**



Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required